

Appraising Perception and Knowledge of Medical Practitioners in Context with Ubiquitous Aspects of Consent

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Abstract

Aim: To evaluate Perception & Knowledge of consent in Medical practice in various circumstances amongst the Medical practitioners. **Objectives:** To assess, the qualification wise difference in Perception & knowledge regarding consent. To evaluate the Perception & knowledge of various aspects of consent like types of consent, consent in Medical and Surgical management, consent in treatment of minors etc. Reviewing current practice of obtaining consent and to study the orientation regarding the various prerequisites while notifying the consent. **Materials and Method:** Cross sectional Observational study. Collective sampling method was used. Sample size: 200 RMP working in medical college were included. An elaborate questionnaire was prepared to obtain all the information incorporated in the aim and objectives of the study. **Results:** The correct responses were calculated. All the variables in the study were analyzed statistically. It was found that the participants are having the enough perception and required knowledge regarding most of the aspects of consent but it was lacking in some of the aspects of consent. **Conclusion:** It can be conclude that Medical practitioners were having required perception and Knowledge regarding most of the aspects of consent but it was deficient in some of the aspects. It may be justified by non availability of CMEs & orientation programmes regarding information about consent and also diverse field of Participant doctors.

Keywords: Evaluate, types, aspects, required, orientation programmes.

Introduction

Every human being of adult years and of sound mind has the right to determine what shall be done with his body and a surgeon who performs an operation without the patient's consent commits an assault for which he is liable to damages¹.

Consent means voluntary agreement, compliance or permission. To be legally valid, it must be given after understanding, for what it is given and of risks involved². To examine, treat or operate upon a patient without consent is assault in law, even if it is beneficial and done in good faith except in emergency. The patient may

recover damages. If a doctor fails to give the required information to patient before asking for his consent to a particular operation or treatment, he may be charged for negligence. The expression of personal liberty under Art. 21 is of the widest amplitude and covers a wide variety of rights, including the right to live with human dignity and all that goes along with it, and any act which damages, injures, or interferes with the use of any limb or faculty of a person, either permanently or temporarily³. **Informed Consent:** Informed consent implies an understanding by the patient of (1) the nature of his condition, (2) the nature of the proposed treatment or procedure, (3) the alternative procedure (4) the risks and benefits involved in both the proposed and alternative procedure, (5) the potential risks of not receiving treatment, and (6) the relative chances of success or failure of both procedures, so that he may accept or reject the procedure. All disclosures must be in language the patient can understand⁴.

Before performing a medical procedure, a doctor must obtain her patient's consent. This obtains legally,

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professionally, and ethically safety. The “magic” of the patient’s consent is that it transforms the status of an act from illegitimate to legitimate⁵. Both morally and legally, the patient’s right to give or withhold consent flows from his right to respect for autonomy. Although the meaning of autonomy is debated it is not contentious to suggest that, at a minimum, autonomy requires the capacity to make a decision⁶. Right to choose and know about procedure is fundamental thing of patients’ autonomy. Informed consent is way of providing necessary information to the patients and helping them for decision making⁷. All the pros and cons of procedure must be explained to the patients in the language he or she can understand^{4,8}. Just taking signature of patient on consent form without proper explanation and understanding of him is violating entire process of informed consent^{3,4}. A healthcare professional (or other healthcare staff) who does not respect this principle may be liable both to legal action by the patient and to action by their professional body. Employing bodies may also be liable for the actions of their staff⁹. Just taking signature of patient on consent form without proper explanation and understanding of him is violating entire process of informed consent¹⁰. A child above 12 year of age can give valid consent for medical treatment but for surgical procedure age for consent is above 18 year¹¹.

The MCI guidelines are applicable to operations and do not cover other treatments. For other treatments, the following may be noted as general guidelines¹²:

1. For routine types of treatment, implied consent would suffice.
2. For detailed types of treatment, ideally express oral consent may be needed.
3. For complex types of treatment, written express consent is required.

Aim

To evaluate perception & knowledge of consent in Medical practice in various circumstances amongst the Medical practitioners.

Objectives

1. To assess qualification wise difference in Perception & knowledge regarding consent.
2. To evaluate the Perception & knowledge of

various aspects of consent like types of consent, consent in Medical and Surgical management, consent in treatment of minors, etc.

3. To review current practice of obtaining consent.
4. To study the orientation regarding the various prerequisites while notifying the consent.

The Materials and Method

Only registered medical practioners having valid MBBS/MD/MS/DM/Mch and CPS/University diploma holding medical practitioners and residents are included in the study. It was Cross sectional Observational study with Purposive sampling method. An elaborate questionnaire was prepared to obtain all the information incorporated in the aim and objectives of the study. Question having single answer is asked to the participants. Ethical clearance from institutional ethics committee was duly taken. The written informed consent of the participant for participation and future publication was taken. All the variables in the study are analyzed statistically using HPSS software.

Observations and Results

Table 1: Distribution of subjects according to qualifications

Qualifications	No of subjects	Percentage(%)
MBBS	126	63
MD	42	21
MS	32	16
Total	200	100

In this study out of 200 participants, 126 (63 %) were having MBBS degree, 42 (21%) were having MD degree and 32(16%) were having MS degree.

Table 2: Distribution of subjects according to designation

Designation	No of subjects	Percentage(%)
Faculty	64	32
Resident	136	68
Total	200	100.0

In this study out of 200 participants, 64 (21.5%) were Faculties and 136 (78.5%) were Residents.

Table 3: Distribution of subjects according to Perception & knowledge score

	Yes	%	No	%	NR	%
Voluntary agreement, compliance or permission is consent	191	95.5	2	1	7	3.5
Consent may be implied or expressed	170	85	25	12.5	5	2.5
To examine, treat or operate upon a patients without consent is assault in law	180	90	20	10	0	0
Consent of child below 12 years or mentally ill is valid	32	16	164	82	4	2
Can minor be treated/operated without consent of parent	23	11.5	175	87.5	2	1
In case of emergency medical management can be done without consent	170	85	26	13	4	2
Local guardian can give consent in absence of parents	187	93.5	13	6.5	0	0
In informed consent, the nature, alternative options are complications of proposed treatment are explained to patients	187	93.5	7	3.5	6	3
Informed written consent is must for surgical procedure	195	97.5	4	2	1	0.5
Patient has right to refuse medical management	182	91	17	8.5	1	0.5

Note: NR means not replied to question

In table no.3, To the question of, voluntary agreement, compliance or permission is consent, 191 (95.5%)participants has given 'yes' as correct answer, 2 (1%) given 'no' as incorrect answer.

To the question of, Consent may be implied or expressed 170 (85%) participants has given 'yes' as correct answer, 25(12.5%) given 'no' as incorrect answer.

To the question of, to examine, treat or operate upon a patient without consent is assault in law, 180 (90 %) participants has given 'yes' as correct answer, 20 (10%) given 'no' as incorrect answer.

To the question of, consent of child below 12 year or mentally ill person is valid. 32(16 %) participants has given 'yes' as in correct answer, 164 (82 %) given 'no' as correct answer.

To the question of, can minor be treated/ operated without consent of parents, 23(11.5%) participants has given 'yes' as in correct answer, 175 (87.5%) given 'no' as correct answer.

To the question of, in case of emergency medical management can be done without 170(85%) participants has given 'yes' as correct answer, 26(13%) given 'no' as incorrect answer.

To the question of , local guardian can give consent in absence of parents 187(93.5%) participants has given 'yes' as correct answer, 13 (6.5 %) given 'no' as incorrect answer.

To the question of, in informed Consent, the nature, alternative options and complications of proposed treatment are explained to patient, 187 (93.5%) participants has given 'yes' as correct answer, 7 (3.5 %) given 'no' as incorrect answer.

To the question of, informed written consent is must for surgical procedure, 195(97.5%) participants has given 'yes' as correct answer, 4(2%) given 'no' as incorrect answer.

To the question of, patient has right to refuse medical management 182 (91%) participants has given 'yes' as correct answer, 17(8.5%) given 'no' as incorrect answer.

Table 4: Designation wise distribution of correct responses

Questions	MBBS		MD		MS		Total	χ ² -value	p-value
	F	%	F	%	F	%			
Q1	121	60.5	41	20.5	29	14.5	191	2.29	0.31,NS
Q2	108	54	35	17.5	27	13.5	170	0.15	0.92,NS
Q3	112	56	39	19.5	29	14.5	180	0.56	0.75,NS
Q4	104	52	35	17.5	25	12.5	164	0.40	0.81,NS
Q5	12	6	37	18.5	26	13	175	1.37	0.50,NS
Q6	111	55.5	34	17	25	12.5	170	2.67	0.26,NS
Q7	114	57	41	20.5	32	16	187	5.29	0.071,NS
Q8	117	58.5	39	19.5	31	15.5	187	0.71	0.70,NS
Q9	125	62.5	40	20	30	15	195	4.23	0.12,NS
Q10	113	56.5	37	18.5	30	15	180	0.68	0.71,NS

No significant designation wise difference is observed about perception and knowledge of consent

Discussion

Very few studies have been undertaken to assess the perception & knowledge of medical practitioners about consent applicable in medical practice. From the study it is observed that the Medical practitioners have given correct responses to most of the questions regarding knowledge about consent i.e. ranging from 82% to 97.5% in all instances. In rest of the instances responses were incorrect or not replied.

According literature available and KSN Reddy and O.V.Nandimath^{3,13} the most of the responses were correct. No law or state action can intervene to avoid or delay the discharge of the paramount obligation cast upon members of the medical profession. The obligation of a doctor is total, absolute, and paramount. Laws of procedure whether in statutes or otherwise that would interfere with the discharge of this obligation cannot be sustained and must, therefore, give way¹⁴. This principle is rejected in the present study. Present study's findings are reflected by "When the doctor himself is considering the possibility of a major operation, the doctor is able with his medical training, with his knowledge of the patient's medical history, and with his objective position to make a balanced judgment as to whether the operation should be performed or not. The duty of the doctor in these circumstances, subject to his overriding duty to have regard to the best interests of the patient, is to provide the patient with information which will

enable the patient to make a balanced judgment if the patient chooses to make a balanced judgment"¹⁵. The consent obtained, of course, after getting the relevant information will have its own parameter of operation to render protection to the medical practitioner. If the doctor goes beyond these parameters, he would be treating the patient at his risk, as it is deemed that there is no consent for such treatment at all. A doctor who went ahead in treating a patient, to protect the patient's own interest, was held liable as he was operating without consent¹⁶. This principle is complying with the present study. The very basic principles of medical practice date back to the Classical Period and the writings of Hippocrates¹⁷. The Hippocratic Oath focuses on the physician's duties to his teacher, and then to his patients: to treat them in the best way he can, neither to take advantage of them or do them any harm, to refrain from performing surgery, and to maintain confidentiality. There is no mention of any concept approaching that of consent, or disclosure. Some basic principles of Hippocratic Oath are matching with the outcome of the present study. Derivations in present study comply with the other several studies that have shown that written information in the language patients can understand has beneficial effects. Patient information sheet in vernacular language must be necessary before obtaining their informed consent^{18,19}

Some patients stated that doctor must take decision on behalf of them and take all responsibility²⁰. Because of this mind set of people some time informed consent is

not serving its actual purpose. Many times information given to the patients is inadequate and many times it may be over loaded beyond their capacity to digest it. Beresford and colleagues argued that some patients want little or no information about therapeutic risks and that the standard of the disclosure of the reasonable patient should not be applied to them^{20, 21, 22}. These findings are also seen to be extracted in the present study

Conclusion

From the above study it can be concluded that: Medical practitioners are having enough perception and required Knowledge regarding most of the aspects of the consent. For some of the aspects of consent lack of perception regarding correct practice of obtaining consent in various circumstances was noted. No designation wise difference was observed in Perception and Knowledge of participants about consent. Lack of perception and knowledge may be justified by non availability of CMEs & orientation programmes regarding amendments for consent and also diverse field of Participants. Recommendation based on the study can be utilized to improve the quality of health care and Medical documentation. Regular CMEs, Workshops and publications are required so as to upkeep the Knowledge and awareness about consent. Autonomy is the main ethical consideration underlying informed consent. The patients' right to determine what investigations and treatment to undergo must be respected by all doctors. For consent to be informed patients rely on the information provided by their doctor. Honesty and truthfulness are required to make the process of consent valid.

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References

1. Lulu Sherif, Sreedevi, G Parvathy, Ameerli, TK Kumaran. Are We Taking a Legally Valid Consent? Kerala Medical Journal 2014; 2(4): 103-106.
2. Reddy KSN. Medical Law and ethics- Consent in Medical practice, In the Essentials of Forensic Medicine and Toxicology. 29th ed. Hyderabad: K. Suguna Devi; 2009. 20-50.
3. Sidaway v Board of Governors of the Bethlem Royal Hospital and the Maudsley Hospital and Others. [1985] AC 871.
4. Modi PJ. in chapter Medical Jurisprudence in Modis Medical Jurisprudence and Toxicology, 22nd ed. edited by Mathiharan K and Patnaik AK. New Delhi: Butterworths India; 2005. 85 – 127.
5. Informed consent – adults. Available from: URL: <https://medlineplus.gov/ency/patientinstructions/000445.htm>.
6. A R Maclean. Consent, sectionalisation and the concept of a medical procedure. J Med Ethics 2002; 28: 249-254.
7. Bhurgri H, Qidwai W. Awareness of the Process of Informed Consent among Family Practice Patients in Karachi. JPMA 2004; 54: 398.
8. Beauchamp TL, Childress JF. The Principles of biomedical ethics, 4th edition, New York: Oxford University Press; 2001.
9. Reference Guide to Consent for Examination or Treatment. Introduction. London: Department of Health UK; 2009. Available from: URL: www.dh.gov.uk/consent
10. Parmar P, Rathod GB, Rathod S, Parikh A. Consent in medical practice – Perceptions of patients towards legal aspects of informed consent. IAIM, 2016; 3(4): 105-110.
11. Ann Strode, Catherine Slack, Zaynab Essack. Child consent in South African law: Implications for researchers, service providers and policy-makers. S Afr Med J 2010; 100: 247-249.
12. Regulation 7.16, of Medical Council of India (Professional Conduct, Etiquette and Ethics) Regulations, 2002.
13. Nandimath OV. Consent and medical treatment: The legal paradigm in India. Indian J Urol 2009; 25: 343-7.
14. Paschim Bangal Khet Mazdoor Samity and Ors v State of West Bengal and Anor. (1996) AIR SC 2426/ (1996) 4 SCC 37. Available from: URL: <https://www.escri-net.org/caselaw/2006/paschim>.
15. Canterbury v Spence. 464 F.2d. 772, 782 D.C.

- Cir. 1972. Available from: URL: <https://openjurist.org/464/f2d/772/canterbury-v-spence>
16. Maneka Gandhi v Union of India.1978 AIR 597. Available from: URL: <https://indiankanoon.org/doc/1766147/>.
17. The Hippocratic Oath. Available from: URL: <http://kapkenya.org/index>.
18. Askew G, Pearson KW, Cryer D. Informed consent: can we educate patients? *J R Coll Surg Edinb* 1990; 35: 308- 310.
19. Lewis PJ, O'Keefe L, Adcock S. Patients who were given information sheets has better postoperative recall of information [letter]. *J R Coll Surg Edinb* 1991; 36: 206-207.
20. Deher R. Physicians in healthcare management: The patient-physician partnership: decision making, problem solving and the desire to participate. *Can Med Assoc J* 1994; 154:423–7.
21. Beresford N, Seymore L, Vincent C, et al. Risks of elective cardiac surgery: what do patients want to know? *Heart* 2001; 86: 626–31.
22. Doyal L. Good clinical practice and informed consent are inseparable. *Heart* 2002; 87(2): 103–105.